MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

May 2006

DATA SYSTEMS & ANALYSIS

Maryland Trauma Physician Services Fund

Beginning on July 1, 2006 all physicians that treat trauma patients in Maryland trauma centers and 3 specialty care trauma centers (Union Memorial's Curtis Hand Center, JHU Wilmer Eye Center, and JHU Bayview Burn Center) will be eligible to receive uncompensated care and elevated Medicaid payments from the Maryland Trauma Physicians Services Fund. The spending formula for on-call payments will also increase. MHCC in consultation with HSCRC, and MIEMSS is directed to institute a capital grant program for Level II and Level III centers.

Staff has updated the regulations to reflect the changes that have been made in Maryland law. Draft regulations will be reviewed with the trauma industry later this month and presented to the Commission in June. The new law will also require Medicaid to pay all physicians that treat trauma patients at 100 percent of the Medicare rate. MHCC met with the Medical Assistance Administration to discuss changes in claims edit and the fee schedule.

The population of physicians eligible for the fund has expanded significantly which complicates the outreach effort. MHCC will work through the specialty societies and local medical societies to ensure that practices are informed. MHCC staff expects that trauma centers and hospitals will play a larger role in informing physicians of eligibility for the trauma fund. As in the past, training sessions will be held at trauma centers across the state.

Staff is beginning a review of the capital grant requirements. Capital needs have long been a concern of Level II and III centers. State regulations require that trauma center hospitals maintain current equipment and technology to support trauma care for the hospital's trauma center designation. Most equipment used in trauma centers is also used to treat non-trauma patients. In establishing a grant process, one of the major challenges will be determining how to apportion the cost of equipment between trauma and non-trauma uses. A limited amount of information is already available. The Joint Legislative Committee to Study Statewide Emergency Medical Services conducted a survey of capital needs at Maryland Trauma Centers for FY 2005 through 2008. Staff will meet with HSCRC and MIEMSS later this month to discuss a capital grant program.

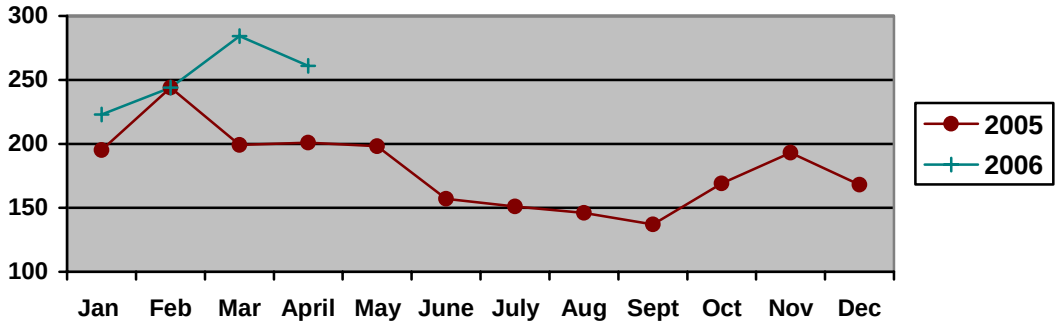
Data Base and Application Development

Visits to MHCC Consumer Sites Were Up in March

MHCC had 20,500 visits to its web site in April. On a per day basis, total April visits were stable with March levels percent (684 versus 688). Consumer sites received about 284 visits per day (7,800 total visits) in April -– about 31 percent higher than in April 2005. About 38 percent of visits to the MHCC site were to consumer-related sections of site. The share of total visits that are to consumer sections of the site has ranged from 38 to 41 percent over the past 8 months.

Figure 1 presents results from 2005 and the first four months of 2006. The hospital consumer site was visited by the largest number of consumers. Activity at that site is detailed below.

Figure 1 -- Use of MHCC Consumer Sites: HMO, Hospital, Nursing Home, Assisted Living, and Ambulatory Surgery, Visits Per Day



Medical Care Data Base (MCDB)

All payers with premiums of $1 million or more in health care premiums must submit claims data for 2004 by June 30, 2006. The Commission's deadline for requests for waivers or format exceptions was April 30th. The Commission staff and Social & Scientific Systems have issued format exceptions to Carefirst, CIGNA, Coventry, Fortis (Time), Golden Rule, Great West, and Union Labor Life, Unicare (Anthem). The staff has also issued waivers from data submission for Principal and New York Life due to low premium volume.

Most payers have expressed a willingness to provide enrollment and disenrollment data on the 2005 data submission. These two data elements will be used to better estimate annual per patient spending. Enrollment and disenrollment data will also enable the Commission staff to develop more accurate estimates of the continuously insured population that received recommended preventive care screening.

Internet-Based Dentist Re-Licensure Application

The Maryland Board of Dentistry released a Web-based dentist and dental hygienist renewal application in May. MHCC staff developed the application for the Board using a previously developed renewal application for the Board of Physicians as the model. The Board or Dentistry is delighted with the application. Approximately 9 percent of dentists (460 of 5,000) renewed their license in the first 10 days of operation.

Release of the Long-term Care Survey

MHCC will release the 2005 Long-Term Care Survey in July. The Internet-based survey gathers information on the use of services in about 700 nursing homes, assisting living centers, subacute care facilities, and adult day care centers. Information from the survey is used in the nursing home quality report card, the assisted living utilization guide, and in various health planning activities. Staff anticipates no major changes to the survey questionnaire or the operation of the Web application for the 2005 survey. As in past years, training will be offered to facilities that need to 'refresh' their knowledge on completing the survey.

Cost and Quality Analysis

Spotlight on Maryland Employment in Health Care
The MHCC is releasing a spotlight (issue brief) that examines growth in private employment in health care and related industries in Maryland and compares Maryland with several neighboring states. This issue brief highlights how employment growth in the health sector may contribute to growth in health care costs if that employment growth is not balanced with simultaneous productivity gains. It is also important to keep in mind that increased employment in health care offers significant economic benefits in Maryland; however the growing cost of health care could depress employment in other sectors where employers offer health insurance benefits. The key findings in the spotlight are:

- Health care and related industries account for about 13 percent of total employment in Maryland, about 1 percentage point higher than the US overall.
- Employment in health care industries increased by 7.8 percent in 2001-2004. Hospital employment increased faster at 8.6 percent.
- Health care constitutes a greater share of total employment in Maryland than in Virginia, is equal to the share in New Jersey, and is lower than the share in Pennsylvania.
- Relative to the neighboring states, Maryland has higher levels of high-level health professionals such as physicians, physician assistants, and nurses.

Management of Asthma among the Privately Insured Children in Maryland
MHCC staff has completed a study of asthma medication use among privately insured children in Maryland with an asthma diagnosis to assess compliance with the national guidelines. Asthma is the most common chronic disease in children and adolescents, and its prevalence has been increasing since the early 1980s. Uncontrolled asthma results in significant monetary and social costs. It is associated with school absences, high urgent care use, hospitalizations, and even mortality. The study found that of the 76 percent of asthmatic children who were classified as having persistent asthma, 36 percent did not receive an inhaled corticosteroid (IC) – the preferred controller medication for symptom management – during the year, with 5 percent receiving no controller medications and 31 percent receiving a non-IC medication. These findings suggest that a significant percentage of privately insured children with persistent asthma are receiving treatment for their asthma that does not correspond to the best practices. Many of these children – 40% of those not receiving an IC – have uncontrolled asthma symptoms. For these children an IC could potentially control their symptoms and enhance their quality of life. But even in the children with controlled asthma, the fact that their care often does not conform to the best practice guidelines (34 percent of patients) indicate they are not receiving the highest quality care, in spite of their preferred insurance status. The report findings are under internal review and staff has asked for comment from pulmonary specialists at the two local medical schools.

Patterns of Use and Spending for High-Cost Drug Users, 2004: Non-Elderly Maryland Residents with Private Insurance
This Spotlight focuses on the under 65-privately insured population with the highest drug spending. The Spotlight finds that the top 25 percent of users are responsible for 80 percent of private drug spending in MHCC's prescription drug data. These users account for just over $1,500 in spending per patient compared to about $120 for non-high-cost users.

High-cost users are older and suffer from multiple conditions for which they are being treated on a continuing basis. Over 50 percent of high-cost users filled prescriptions in 6 or more therapeutic categories, indicating that the existence of multiple conditions for a majority of high-cost users. Statins, for lowering cholesterol, proton pump inhibitors, and selective serotonin reuptake inhibitors (SSRIs) were the most commonly prescribed classes of drugs for high–cost users.

The spotlight notes that generic substitution and increased mail-order may have some benefit in slowing spending growth for high cost users. Newer, more comprehensive strategies that target individuals with high-cost, high-impact diseases may yield greater results. These programs emphasize integrating pharmacy and medical benefits in order to better manage total costs. These strategies focus on lowering overall costs by encouraging better prescription drug management and compliance. Higher prescription drug spending is accepted if use of pharmaceuticals can offset other more costly medical care such as emergency department visits or hospitalizations.

PERFORMANCE AND BENEFITS

Benefits and Analysis

Small Group Market
Comprehensive Standard Health Benefit Plan (CSHBP)
At the March meeting, the Commission approved the CSHBP regulations as final. The changes will be implemented effective July 1, 2006. Staff is in the process of completing an analysis of the carrier financial survey results for CY 2005. Staff will present these findings to the Commission at the May public meeting.

Annual Mandated Health Insurance Services Evaluation
Mercer's annual review of proposed mandates (as required under §15-1501 of the Insurance Article) has been submitted to the General Assembly and the Governor's office. At the Commission's request, a transmittal letter summarizing the key findings in the report and outlining the issues posed by each proposed mandate was mailed along with the report. This year's analysis contained a review of three proposed mandates. The report is posted on the Commission's website.

Facility Quality and Performance

Web Site Guides:
Hospital Performance
FQ&P staff conducted two meetings in April to review and assess progress made in enhancing the Hospital Guide. On April 18th, MHCC staff and available members of the Hospital Steering Committee participated in a web-cast featuring a presentation by staff from the Delmarva Foundation. There was satisfactory evidence of major progress made in incorporating Committee recommendations regarding the site's content, appearance, and "user friendly" aspects.

A meeting of the full Steering Committee was held on April 26th, at which time a mini presentation of the new Guide was provided by the contractor (DF). DF staff also confirmed that the first generation display of HSCRC cost data will be included in the updated version of the Guide released in June. HSCRC staff continues to work with MHCC staff to insure that the

displayed costs will be risk adjusted and accompanied by narrative context that is customer appropriate.

During the meeting MHCC staff acknowledged the evolutionary nature of the site and thanked Committee members for their diligence, participation and contributions. Staff also shared current ideas regarding the future direction of the Guide including priorities, content emphasis, and areas of opportunity. The public unveiling of the "new and improved" Guide is slated for June. As part of a marketing and promotional campaign to generate greater public awareness of the Guide, a press conference will be held at MHCC on June 29th.

Hospital Steering Committee Reconstitution
To insure that the Hospital Report Card is both valued and useful to all Marylanders and especially to consumers, FQ&P staff have been implementing a series of strategies and activities intended to better capture consumer perspectives and experiences. In addition to plans to conduct targeted focus group sessions that will provide insights and ideas for enhancing our products and services, staff continues to solicit feedback from targeted consumer audiences regarding the Hospital Report Card. Staff also plans to reconstitute the Steering Committee as we enter a new phase in the evolution of the Report Card in order to provide a more balanced perspective on its direction and utility.

Health Care Disparities
Staff met with representatives from DHMH and the Office of Minority Health on 4/3 to discuss the implications of recent legislation (HB 58) regarding Health Care disparities. The meeting focused on the mandates of the bill as well as initial discussions regarding opportunities for inter-agency collaboration.

Special Projects

Nursing Home Performance
Staff completed activities to close out the contract for the 2005 Family Satisfaction Survey. Discussions were initiated with Centers for Medicaid & Medicare Services (CMS) and the Agency for HealthCare Research and Quality (AHRQ) regarding Maryland participation in their family and/or resident survey process. An RFP has also been drafted to solicit a vendor for the 2006 survey, if needed.

Revalidation Initiative- Focus Groups
To insure that our future efforts were reflective of what the customer (Marylanders) want, MHCC contracted with the Center for Health Program Development and Management at the University of Maryland Baltimore County to conduct focus groups. The purposes were to gain a better understanding of the experience of Marylanders in finding and using information to make important health care decisions and to gather ideas about how the MHCC might improve their approach to providing consumers with useful information. Three focus group sessions: one for Hospital& Ambulatory Surgery, one for HMO/POS, and one for Long Term Care services were completed in April. Staff notes documenting participant feedback were incorporated into a report for MHCC review. The final report of the focus groups is in process as a collaborative effort between MHCC staff and Center for Health Program Development and Management. A review of focus group feedback is planned for the May Commission meeting.

Maryland Department of Disabilities (MDOD) Quality & Self-Directed Services Steering Committee

The Division Chief has been appointed to this Steering Committee which represents a statewide effort to define quality indicators and population outcomes for LTC community programs & waivers for adults with disabilities. The first meeting consisted of activities to: 1) Develop draft definitions for quality, quality indicators, and outcome measures for Maryland's long-term care service programs; and 2) apply the framework and methodology MDOD will use to develop outcomes (population results) and performance measures. Feedback from MHCC focus groups will contribute to the efforts of this group. The Steering Committee is expected to meet no longer than a six month period.

HMO Quality and Performance

Distribution of 2005 HMO Publications

Cumulative distribution: Publications released 10/6/05	10/6/05—4/30/06	
	Paper	**Web-based**
Measuring the Quality of Maryland HMOs and POS Plans: 2005 Consumer Guide (23,400 printed)	20,129	Downloads =1,007
2005 Comprehensive Performance Report: Commercial HMOs & Their POS Plans in Maryland (600 printed)	588	Downloads = 561

9th Annual Policy Issues Report (2005 Report Series) – Released January 2006; distribution ends January 2007

Maryland Commercial HMOs & POS Plans: Report to Policy Makers (800 printed)	530	Downloads = 198

Distribution

Private schools in Maryland have shown considerable interest in the *Consumer Guide* at this time of the year because teachers and staff are about to choose their health care plans for the coming school year. Staff stoked interest again this year by mailing over six hundred marketing letters and order forms to private schools. Schools having large enrollments, such as high schools, and schools that ordered *Guides* in the past were also sent samples.

The response to this outreach was impressive. By April's end, staff had received and filled orders for over eight hundred *Guides* and bookmarks. As a result, in excess of one thousand *Guides* were distributed during the month.

2006 Performance Evaluation: HEDIS Audit and CAHPS Survey

HEDIS Audit

While key audit functions continued during April, staff worked closely with the lead auditors from HealthcareData.com (HDC), the project's audit contractor, to examine selected measures in more depth. Measures chosen include those having a five percentage point difference relative to

rates reported in 2004, rates (2005) in the 10th or 90th percentiles, and eligible populations (2006) below national benchmarks. Division staff has participated in review and analysis activities focusing on samples gathered through targeted queries. Additionally, Division staff has requested and will review preliminary rates generated in preparation for final reporting. Each auditor was provided an HDC designed tool that allows evaluation of the preliminary rates and trending of performance scores across three years of reporting. Auditors have informed each plan to provide interim performance scores, when available.

Validation of primary source documents has again proved challenging. This is the second year auditors have used this method to ensure the accuracy of rate calculation. Validation of records considered eligible for inclusion in a measure's rate has fallen short due to several factors: electronic submissions and offsite storage of claim documentation. Division staff has proposed several options to revise the protocol for 2007 and improve the effectiveness of this activity. The audit team will meet later this year to finalize this validation method.

Submission of final HEDIS data and MHCC-specific data is on schedule. Per MHCC request, plans submitted behavioral health network information in April to update content on this topic in the soon-to-be-released *State Employee Guide*.

Consumer Assessment of Health Plan Study (CAHPS Survey)
The final phase of the CAHPS survey of plan members, telephone administration to non-respondents, will end in May. Final rates of response won't be available until the end of May, after data have been cleaned. Staff has prepared detailed instructions and forwarded them to The Myers Group, our survey contractor, on content and organization changes to the final reports of CAHPS results and analysis that will be sent this summer to each plan, NCQA, the federal Office of Personnel Management (for the plans that provide health care to federal employees), and to MHCC. Final CAHPS results will be presented, along with clinical data, in the 2006 HMO publications.

Health plans were informed that in 2006 MHCC once again intends to submit CAHPS survey results to National CAHPS Benchmarking Database (NCBD) for plans that do not object. As is the case with data that are sent to NCQA, MHCC, and each plan, no personal identifiers will be included in the data files to be submitted to NCBD.

Report Development
Staff completed final edits and layout changes for *Measuring the Quality of Maryland HMOs and POS Plans: 2006 State Employee Guide.* This marks the report's first spring release. The adjustment was made to coincide with state employees' new open enrollment period. The report will be packaged with the complement of enrollment materials produced and distributed by the Office of Personnel's Employee Benefit Division. Staff met with key report development NCQA) personnel during April. Design concepts, themes, and strategies to transition from paper to CDs were discussed.

HEALTH RESOURCES

Certificate of Need

CONS ISSUED

Ruxton Surgery Center (Baltimore County) Docket No. 05-03-2175
Addition of second operating room
$98,769

Surgery Center of Potomac (Montgomery County), Docket No. 05-15-2172
Addition of second operating room
$86,550

PRE-LICENSURE CERTIFICATION

Suburban Hospital (Montgomery County), Docket No. 04-15-2134
Establish an open heart surgery program, $18,617,820
Pre-licensure certified April 10, 2006

Calvert Memorial Hospital (Calvert County) Docket No. 03-04-2125
Renovation and expansion, $32,674,427
Prelicensure certified April 12, 2006

LETTERS OF INTENT

Sheppard Pratt Hospital (Baltimore County)
Relocation of 17 "MART" residential treatment beds from the Sheppard Pratt Ellicott City campus (Howard County) to the main Sheppard Pratt campus in Towson

Carroll Hospital Center (Carroll County)
Establishment of an 8-bed inpatient rehabilitation unit

Massachusetts Avenue Surgery Center (Montgomery County)
Addition of second operating room

PRE-APPLICATION CONFERENCE

Massachusetts Avenue Surgery Center
Addition of second operating room

APPLICATION REVIEW CONFERENCE

Fairland Nursing and Rehabilitation Center (Montgomery County)
Expansion and Renovation, $24,361,421
April 26, 2006

Southern Maryland Hospital Center (Prince George's County)
Expansion and Renovation, $43,516,251
April 27, 2006

DETERMINATIONS OF NON-COVERAGE

Projects Below the Capital Expenditure Threshold of $1.7 million

ManorCare Potomac (Montgomery County)
Construction of a one-story addition to the facility
$912,069

Shady Grove Adventist Hospital (Montgomery County)
Establishment of a maternity clinic for uninsured women from Montgomery County
$305,000

Union Hospital of Cecil County
Renovation and expansion of the Clinical Simulation Lab
$30,000

Acquisition of an Existing Health Care Facility

Silver Spring Surgery Center, LLC (Montgomery County)
Change in ownership of the facility (50% by Oluremi Ilupeja, M.D. and 50% by Rockville Endoscopy

Temporary Delicensure of Bed Capacity or a Health Care Facility

Pickersgill Retirement Community (Baltimore County)
Temporary delicensure of 17 comprehensive care facility ("CCF") beds

Relicensure of Bed Capacity

Woodside Center (Montgomery County)
Relicense 3 of 7 temporarily delicensed CCF beds

Bel Pre Nursing and Rehabilitation Center (Montgomery County)
Relicense 8 temporarily delicensed CCF beds

Waiver Beds

ManorCare Potomac (Montgomery County)
Addition of 5 CCF beds

Relinquishment of Bed Capacity

Randallstown Center (Baltimore County)
Relinquishment of 35 temporarily delicensed CCF beds

Acute and Ambulatory Care Services

Under Health-General Article §19-3A-07(c), the freestanding medical facility pilot project is required to provide to the Maryland Health Care Commission information, as specified by the Commission, on the configuration, location, operation, and utilization, including patient-level utilization, of the pilot project. In addition, Health-General Article §19-131 requires other facilities that may be approved as freestanding medical facilities to provide information to the Commission. To implement the data reporting requirements of the law, the Commission will consider a proposed regulation (*COMAR 10.24.06 Data Reporting by Freestanding Medical Facilities*) at its May 18th meeting. The proposed regulation, consistent with the law, identifies the two major categories of data to be reported to the Commission: facility-level or aggregate data; and, patient-level data. Within each category, the general types of information to be reported are

described. The regulation also provides that the Commission will provide notice of the form, format, and schedule for data reporting by freestanding medical facilities. A Data Work Group, composed of representatives from Shady Grove Adventist Hospital, Office of Health Care Quality, MIEMSS, and HSCRC, has been established to provide assistance in developing a proposed patient-level data set for the pilot project freestanding medical facility. The Work Group will meet via conference call on May 12, 2006 at 1:00 p.m.

Long Term Care Services

The second and final meeting of the Commission's Home Health Agency Work Group met on April 27, 2006. The focus of this meeting was a review of the current and proposed methodologies for forecasting home health agency (HHA) need in Maryland. The Work Group considered various assumptions and scenarios in predicting future need for clients utilizing home health agency services. A discussion of related issues for policy development was also addressed by the Work Group at this meeting, including specialty HHAs; geographic distribution/market share analysis; HHA capacity/threshold criteria; staffing shortages; and financial accessibility and charity care.

The second and final meeting of the Commission's Nursing Home Work Group was held on April 28, 2006. The first agenda item of this meeting was a brief discussion of the Long Term Care Planning Act of 2006 led by Dr. Rex Cowdry. The focus of the meeting was a discussion of issue papers that were prepared for the meeting on subjects including: nursing home occupancy levels in projecting future need and in considering proposals to expand bed capacity; physical plant upgrade and innovative models; nursing homes and the continuum of care; and the Medicaid Memorandum of Understanding. There was also a brief data presentation on nursing home length of stay by age group and nursing home bed turnover rates. Input from this Work Group will guide the development of the nursing home component of the Long Term Care Chapter of the State Health Plan (COMAR 10.24.08). Similar input will be obtained from the Home Health Agency and Hospice Work Groups, for the home health and hospice components of COMAR 10.24.08.

The second meeting of the Hospice Work Group will be held on May 30, 2006. Hospice providers are currently completing the 2005 Maryland Hospice Survey Part 1 of this survey, including utilization and demographic information, which is due to the Commission no later than May 16, 2006. Part 2 of the survey, which includes financial information, is due no later than June 15, 2006. Error reporting programs applied to the hospice survey for the first time this year are expected to facilitate the process of cleaning the data for analysis.

On May 2, 2006, Staff from the Long Term Care Division attended the Governor's Conference on Vital Aging held at the Baltimore Convention Center. Following remarks by Jean Roesser, Secretary of the Maryland Department of Aging and reports by Dr. Michael Gloth of the White House Conference on Aging, the Keynote Address was given by Dr. Joseph Coughlin, Director of the MIT AgeLab, on innovations in delivering services to an aging population. There were several breakout sessions during the day as well as a luncheon address by Governor Ehrlich.

Specialized Health Care Services

The State Health Plan for Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services (COMAR 10.24.17) provides for the Commission to issue a waiver from its policy requiring that PCI procedures should be performed only in hospitals with on-site cardiac surgical backup. In 1996, the Atlantic Cardiovascular Patient Outcomes Research Team (C-PORT)

Project received a waiver from that requirement for participating hospitals to provide primary angioplasty. Current regulations require Maryland hospitals without on-site cardiac surgery to submit an application for a primary PCI waiver. On October 28, 2005, the Commission published in the *Maryland Register* the schedule for submitting applications. The schedule is also available at http://mhcc.maryland.gov/statehealthplan/regnotice102005.pdf. Applications from C-PORT hospitals in the Baltimore Metropolitan Regional Service Area were due on January 11, 2006. As part of its review of the applications, the Commission contracted with the Atlantic Cardiovascular Patient Outcomes Research Team through the small procurement process for an analysis of C-PORT primary angioplasty data for 2004 and 2005. On March 17th, the Commission docketed applications from the following hospitals in the Baltimore Metropolitan region: Franklin Square Hospital Center (Docket No. 06-03-0001 WN), Baltimore Washington Medical Center (Docket No. 06-02-0002 WN), Howard County General Hospital (Docket No. 06-13-0003 WN), Anne Arundel Medical Center (Docket No. 06-02-0004 WN), Johns Hopkins Bayview Medical Center (Docket No. 06-24-0005 WN), Mercy Medical Center (Docket No. 06-24-0006 WN), and St. Agnes Hospital (Docket No. 06-24-0007 WN). Notice of the docketing was published in the *Maryland Register*. Each hospital is currently providing primary PCI under an interim waiver granted by the Commission. Under COMAR 10.24.17, the Commission shall review each request for a waiver to determine whether the hospital meets the requirements in the regulations; the Executive Director shall prepare a recommendation for presentation to the Commission to issue or deny issuance of the waiver and shall set forth the reasons supporting the recommendation. The Commission will consider recommendations on the above applications at a public meeting scheduled for May 18, 2006.

At the public meeting on May 18, 2006, the Commission will consider proposed permanent regulations designed to update or remove outdated material and make technical corrections to the State Health Plan for Neonatal Intensive Care Services (COMAR 10.24.18). This action includes amendments to make the levels of care consistent with the most recent Maryland Perinatal System Standards, which were developed by the Perinatal Clinical Advisory Committee of the Maryland Department of Health and Mental Hygiene and adopted by the State Emergency Medical Services Board.

The Commission has received a request from Carroll Hospital Center proposing an amendment to the docketing rule in the State Health Plan for Acute Inpatient Rehabilitation Services. The proposed amendment has been posted on the Commission's website for public comment.

Comments on the proposed amendment to COMAR 10.24.09 are due not later than 4:00 p.m. on Friday, June 2, 2006.

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